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4 BILL NO. R-72-10-04

5 RESOLUTION NO. R- 40-72

6
7 RESOLUTION authorizing payment for
repairs to City-owned vehicle.

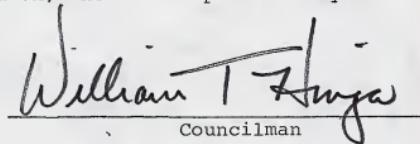
8 WHEREAS, Squad Car #10 was damaged in an automobile
9 accident August 13, 1972, at 1100 Nevada Street; and

10 WHEREAS, settlement in the amount of \$69.00 was made
11 by Western Casualty and Surety Company, to the City Controller's
12 Office, which money was receipted into the General Fund; and

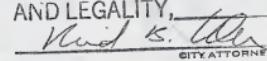
13 WHEREAS, Jim Kelley Buick, Inc. has submitted an estimate
14 in the amount of \$69.00, which sum is the reasonable value of
15 said repairs;

16 NOW THEREFORE, BE IT RESOLVED BY THE COMMON COUNCIL OF
17 THE CITY OF FORT WAYNE, INDIANA:

18 1. That the City Controller is authorized to pay the
19 sum of \$69.00 to Jim Kelley Buick, Inc. for repairs to Squad
20 Car # 10.

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24 Councilman

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35 APPROVED AS TO FORM
AND LEGALITY,


Ned S. Olla
CITY ATTORNEY

Read the first time in full and on motion by _____ seconded by _____ and duly adopted, read the second time by title and referred to the Committee on _____ (and to the City Plan Commission for recommendation) (and Public Hearing to be held after due legal notice, at the Council Chambers, City-County Building, Fort Wayne, Indiana, on _____ the _____ day of _____ 19_____, at _____ o'clock P.M., E.S.T.

Date: _____ CITY CLERK

Read the third time in full and on motion by _____ Hinga seconded by _____ Talarico and duly adopted, placed on its passage.

Passed (~~10-10~~) by the following vote:

	AYES <u>4</u>	NAYS <u>0</u>	ABSTAINED _____	ABSENT _____ to-wit:
Burns	<u>/</u>	_____	_____	_____
Hinga	<u>/</u>	_____	_____	_____
Kraus	<u>/</u>	_____	_____	_____
Nuckols	<u>/</u>	_____	_____	_____
Moses	<u>/</u>	_____	_____	_____
Schmidt, D.	<u>/</u>	_____	_____	_____
Schmidt, V.	<u>/</u>	_____	_____	_____
Stier	<u>/</u>	_____	_____	_____
Talarico	<u>/</u>	_____	_____	_____

Date 10-10-72

Chuck W. Wintersman
CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana as (Zoning Map) (General) (Annexation) (Special) (Appropriation) Ordinance (Resolution) No. R-40-72 on the 10th day of October, 19 72.

ATTEST:

(SEAL)

Chuck W. Wintersman
CITY CLERK

PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 11th day of

October, 19 72 at the hour of 9:00 o'clock A M., E.S.T.

Chuck W. Wintersman
CITY CLERK

Approved and signed by me this 11th day of October, 19 72.
at the hour of 10:00 o'clock A. m., E.S.T.

Don H. Schow
MAYOR

Quietus #126

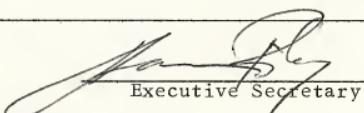
Date September 12, 1972

TO THE CITY CONTROLLER:

The Board of Public Safety

requests that a Resolution be prepared and submitted to the City Council authorizing the payment of \$ 69.00 from Insurance money deposited in General Fund

Reason for Transfer Accident involving Squad Car #10 at 1100 Nevada
on August 13, 1972. Estimate by Jim Kelley Buick Agency was in the
amount of 69.00. Check was received in same amount from the Western
Casualty and Surety Company #F418 00 54.



Executive Secretary

Directions -- Departments requesting transfer of funds from one account to another, or for the appropriation of funds from the unexpended balance of the General Fund must fill out this form in duplicate, and send both the original and one copy to the Controller's Office. It is suggested that a third copy be made and retained by the department originating the request. The Controller's office will retain one copy of the form and send the other to the City Attorney which will be his authorization to prepare the appropriation ordinance. Please send the request for transfer of funds to the Controller as early as possible, and at least one week should be allowed for the City Attorney to prepare the appropriation ordinance and the City Clerk to enroll it for the next Council meeting.

House Memorandum

To Board of Public Safety Date Sept. 11, 1972
From Ray M. Franke, Safety Claim Office
Subject Squad Car #10 Accident 8-13-72

COPIES TO:

Attached is check #F 418 00 54 of the Western Casualty & Surety Company for \$69.00 which was the estimate by Jim Kelley Buick Agency to repair this vehicle. This check should go to the City Comptroller.

Ray M. Franke
Ray M. Franke, Safety Office

GREAT AMERICAN INSURANCE COMPANIES

LOSS ANALYSIS
DIVISION CODING

AUTOMOBILE ACCIDENT OR LOSS NOTICE

CASE NO.

POLICY NUMBER		POLICY DATES		NAME & ADDRESS OF AGENT OR BROKER				
COVERAGE DATA To be completed by agent		BODILY INJURY LIMITS	PROP. DAMAGE	MED. PAYMENTS	COMP. DEDUCTIBLE	COLL. DEDUCTIBLE	OTHER (SPECIFY)	
		LOSS PAYEE (IF ANY)						
(1) POLICYHOLDER		NAME BOARD OF PUBLIC SAFETY ADDRESS 1. MAIN ST. FORT WAYNE INDIANA 46802						
(2) TIME & PLACE		DATE & TIME OF LOSS OR ACCIDENT 8/1/72 17:43	A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>	LOCATION 1100 Nevada - NORTH & SOUTH ALLEY	BUS. PHONE 423-8287 RES. PHONE			
(3) AUTO USED OR OCCUPIED BY POLICYHOLDER		YEAR 70	MAKE DODGE	MODEL H-DR	SERIAL NUMBER Agenda #10	MOTOR NUMBER	LICENSE NO., YEAR & STATE M.O. 1110 IND.7	
MUST give driver's age		NAME OF OWNER () SAME AS POLICYHOLDER SAME		ADDRESS () SAME AS POLICYHOLDER SAME		BUS. PHONE RES. PHONE		
		NAME OF DRIVER () SAME AS OWNER		AGE OF DRIVER	ADDRESS () SAME AS OWNER		BUS. PHONE RES. PHONE	
		DPER. LIC. #						
		RELATION TO POLICYHOLDER (FAMILY, EMPLOYEE, ETC.)		WAS CAR USED WITH OWNER'S PERMISSION YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			OWNER INSURANCE YES <input type="checkbox"/> NO <input type="checkbox"/>	
OFFICIAL POLICE DUTIES								
FOR WHAT PURPOSE WAS AUTO BEING USED AT TIME OF ACCIDENT?								
WHERE AUTO MAY BE SEEN (ADDRESS?)					ESTIMATED COST OF REPAIRS			
IF THEFT, SPECIFY PROPERTY STOLEN. IF COLLISION OR COMPREHENSIVE, SPECIFY DAMAGE.								
DATE, LOCATION & BADGE NO. OR NAME OF POLICE AUTHORITY TO WHOM ACCIDENT WAS REPORTED. 8/1/72 1100 NEVADA - NORTH & SOUTH ALLEY								
(4) DAMAGE TO PROPERTY OF OTHERS		OWNER JERRILD LEE BUTLER		ADDRESS 729 RIVERSIDE FT. WAYNE IND.		BUS. PHONE RES. PHONE		
		OTHER DRIVER () SAME AS ABOVE		ADDRESS		BUS. PHONE RES. PHONE		
		DRIVERLESS MOVING VEHICLE <i>Owned by Jerrild Lee Butler</i>				RES. PHONE		
Use additional sheet if necessary		LIST DAMAGE. IF AUTO, MAKE, YEAR, LICENSE NUMBER, YEAR & STATE HOOD-GRILL RT. F. FENDER				ESTIMATED COST OF REPAIRS		
		WAS OTHER CAN INSURE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NAME OF COMPANY & POLICY NUMBER				
(5) PERSONS INJURED		NAME		ADDRESS	PHONE	AGE	PASSENGER IN POLICY-HOLDER-CAR OTHER-CAR PEDES-TRIAN (CHECK ONE)	
SEE REVERSE SIDE FOR ACCIDENT DESCRIPTION AND OTHER INFORMATION								

(6)

NAMES AND
ADDRESSES
OF
INJURED
OCCUPANTS
AND
WITNESSES

	OCCUPANTS OF INSURED CAR	ADDRESS	PHONE
			BUS.
			RES.
	OCCUPANTS OF OTHER CAR	ADDRESS	PHONE
			BUS.
			RES.
	OTHER WITNESSES OR PERSONS PRESENT	ADDRESS	PHONE
			BUS.
			RES.

(7)

DESCRIPTION
OF
ACCIDENT

VEH. #1 ROOLED FROM A STOPPED POSITION IN THE ALLEY INTO

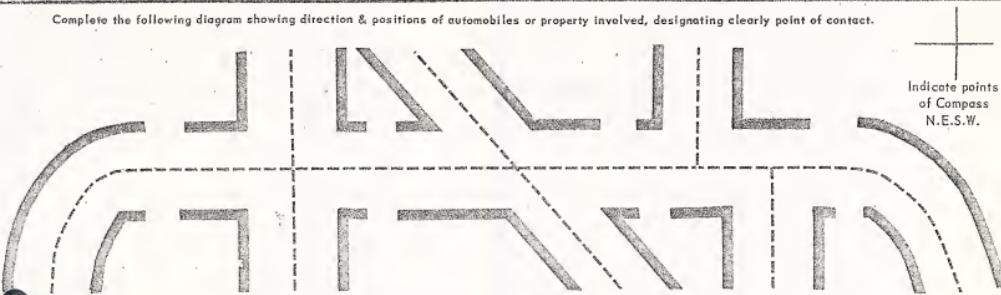
THE STREET AND STRUCK VEH. # 2 PARKED IN THE STREET.

THE OWNER OF VEH. #1 GOT OUT OF THE CAR AND RAN FROM POLICE

WITHOUT SETTING THE BRAKES, CAUSING THE CAR TO ROLL INTO

THE POLICE CAR, VEH # 2.

Complete the following diagram showing direction & positions of automobiles or property involved, designating clearly point of contact.



INSTRUCTIONS:

GIVE STREET NAMES, DIRECTIONS AND LOCATIONS OF OBJECTS INVOLVED

- (1) Number each vehicle and show direction of travel by arrow
- [1] → [2] ← ←
- (2) Use solid line to show path of each vehicle before accident
- [1] → dotted line after accident
- (3) Show motorcycle or bicycle by
- O — O
- (4) Show pedestrian by
-
- (5) Show railroad by
- |||||

- (18) CHEMICAL TEST
 Driver _____ Regd. (Check one)
 1. _____ 2. _____
 0. _____ No test offered.
 1. _____ Test offered but refused.
 2. _____ Breath test given.
 3. _____ Blood test given.
 4. _____ Urine test given.

(19) ARREST—(Check one)

- Driver _____
 1. _____ 2. _____
 0. _____ Not arrested.
 1. _____ Arrested for D.U.I.
 2. _____ Arrested for other violation.

(20) SPEED LIMIT 30 MPH

(21) SPEED BEFORE ACCIDENT
 Veh. 1 35 MPH Veh. 2 0 MPH

(22) CONTRIBUTING CIRCUMSTANCES
 Driver _____ INDICATED
 1. _____ 2. _____

1. _____ Speed too fast.
 2. _____ Failed to yield right-of-way.
 3. _____ Drove left of center.
 4. _____ Improper overtaking.
 5. _____ Passed stop sign.
 6. _____ Disregarded traffic signal.
 7. _____ Followed too closely.
 8. _____ Made improper turn.
 9. X Other improper driving.
 10. _____ Inadequate brakes.
 11. _____ Improper lights.
 12. _____ Had been drinking.

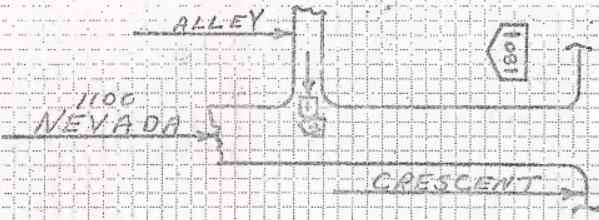
(23) VEHICLE DEFECTS
 Driver _____
 1. _____ 2. _____

0. _____ No defects.
 1. _____ Brakes defective.
 2. _____ Lights defective.
 3. _____ Defective steering.
 4. _____ Puncture or blowout.
 5. _____ Other defects.

(24) VISION OBSTRUCTED
 Driver _____
 1. _____ 2. _____

0. _____ Not obscured.
 1. _____ By building/s.
 2. _____ By embankment.
 3. _____ By signboard.
 4. _____ Trees, crops, etc.
 5. _____ By hillcrest.
 8. _____
 (Specify other)

INDICATE ON THIS DIAGRAM WHAT HAPPENED



DRAW DIAGRAM TO SCALE

DESCRIBE WHAT HAPPENED

Refer to vehicles by number:
VEH #1 ROLLED FROM A STOPPED POSITION IN THE ALLEY INTO THE STREET AND STRUCK VEH #2 PARKED IN THE STREET.

THE OWNER OF VEH #1 GOT OF THE CAR AND RAN FROM POLICE, WITHOUT SETTING THE BRAKES, CAUSING THE CAR TO ROLL INTO THE POLICE CAR, VEH #2.

WHAT DRIVERS WERE GOING TO DO BEFORE ACCIDENT:

(56)

Driver No. 1 was headed N S E W on **ALLEY** (Name or number of street or highway.)

Driver No. 2 was headed N S E W on **NEVADA** (Name or number of street or highway.)

(Check applicable items for each driver.)

- | Driver | 1 | 2 | Driver | 1 | 2 | Driver | 1 | 2 |
|------------------------|---|---|--------------------------------|---|---|---------------------------------|---|---|
| Passing. | 0 | 0 | Backing. | 5 | X | Start from parked position. | 5 | X |
| Turn right. | 1 | 0 | Slow or stop. | 6 | 0 | Avoiding veh., obj., pad. | 6 | 0 |
| Turn left. | 1 | 0 | Going straight ahead. | 7 | 0 | Slowing before applying brakes. | 7 | 0 |
| Make U turn. | 1 | 0 | Skidded after applying brakes. | 8 | 0 | ____ | 8 | 0 |
| Start in traffic lane. | 5 | 0 | ____ | 9 | X | ____ | 9 | X |

WHAT PEDESTRIAN WAS DOING BEFORE ACCIDENT

(57)

Pedestrian was going N S E W across into Street or Highway

From _____ to _____ (N. E. corner to S. E. corner or from West side to East side, etc.)

(Check one)

0. _____ Not in roadway.
 1. _____ Walking in roadway with traffic.
 2. _____ Walking in roadway against traffic.
 3. _____ Sleeping or working on vehicle.
 4. _____ Getting on or off vehicle.
 5. _____ Standing in roadway.
 6. _____ Other working in roadway.
 7. _____ Playing in roadway.
 8. _____ Other. (Specify actions)

11. _____ Crossing or entering not at intersection.

12. _____ Crossing or entering at intersection.

CONDITION OF DRIVERS AND PEDESTRIANS
 (Check one)

(58)

(70)

Driver Fed.

0. _____ Had NOT been drinking.
 1. _____ Obviously drunk.
 2. _____ Ability impaired.
 3. _____ Ability not impaired.
 4. _____ Unknown if impaired.

(59)

(71)

11. _____ Apparently normal.
 0. _____ Eyesight defective.
 1. _____ Hearing defective.
 2. _____ Other defects.
 3. _____ Illness.
 4. _____ Fatigued.
 5. _____ Apparently asleep.
 6. _____ Attention diverted.
 7. _____ Advanced senility.
 8. _____ Other handicaps.

(Specify other handicaps)

(Specify other handicaps)

(72) TRAFFIC CONTROL
 Driver _____
 1. _____ 2. _____

0. _____ Police officer.
 1. _____ Automatic.
 2. _____ Yield right-of-way sign.
 3. _____ Warning sign or signal.
 4. _____ No passing zone marked.
 5. _____ Centerline marked.
 6. _____ Other lane markings.
 7. _____ Stop sign.
 8. _____ All others.

(73) CHARACTER (74)
 (Check two)

1. X Straight.
 2. Curves.
 3. Level.
 4. On grade.
 5. Hillcrest.
 6. Hilly.

(75) SURFACE (76)
 (Check one)

1. Concrete.
 2. Asphalt.
 3. Sand or dirt.
 4. Gravel.
 5. Other.

(77) WEATHER (78)
 (Check one)

1. X Dry.
 2. Wet.
 3. Snow/ice.
 4. Fog.
 5. Other.

(79) LIGHT (80)
 (Check one)

1. Daylight.
 2. Dark.
 3. Down or dusk.
 4. Other.

(81) KIND OF LOCALITY
 (Check one to show that area adjacent to roadway for 300' was primarily:)

1. School or playground.
 2. Industrial or business.
 3. Residential.
 4. Open country.

(82) ROAD DEFECTS

1. Foreign material on surface.
 2. Loose sand, gravel, etc.
 3. Holes, ruts, dips, bumps, etc.
 4. Defective shoulders.
 5. Obstruction not lighted or signalled.
 6. Standing water, landslide, etc.
 7. Obstructed by previous acc.
 8. All other defects.

WITNESSES—

Name _____ Address _____ Location _____

Name _____ Address _____ Location _____

Name _____ Address _____ Charge _____



JIM KELLEY BUICK, Inc.
1819 So. Calhoun St. Phone 456-1211
FORT WAYNE, INDIANA

ESTIMATE
OF REPAIR

NAME	Bd Safety		ADDRESS	10	DATE	8-14
NAME OF CAR	YEAR	TYPE	LICENSE NO.	MILEAGE	SERIAL NO.	TELEPHONES
INSURED BY			ADJUSTER	DRIVER	HOME	BUS.
SHEET NO.		DESCRIPTION OF REPAIRS AND REPLACEMENTS				
1	John Grindler			Paint	1.852	
2				Hours		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
Tow \$	Storage	per	Fwd. to sheet #	1.852	600	

The above is an estimate, based on our inspection, and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally, r work has started, worn, broken or damaged parts are discovered which are not evident on first inspection. Quotations on parts and labor are current and subject to charge. * Rust Work Not Guaranteed

Labor 10 Hrs. 9.00 \$ 63.00
Parts \$ 5 6.00
Sublet and Mat Hmns. \$
State Tax \$
TOTAL \$ 69.00

CLAIM DRAFT
PAYABLE THROUGH
CITIZENS NATIONAL BANK
FORT SCOTT, KANSAS

To

THE WESTERN CASUALTY AND SURETY COMPANY
THE WESTERN FIRE INSURANCE COMPANY
THE WESTERN INDEMNITY COMPANY, INC.
Fort Scott, Kansas 66701

23-56
TOTT

UPON ACCEPTANCE
PAY TO THE ORDER OF



Fort Wayne, Ind-

CITY

Indiana

STATE

9-6-72

THIS DRAFT VOID IF NOT PRESENTED
FOR PAYMENT WITHIN 90 DAYS FROM DATE.

No. F418 00 54

Fort Wayne Board of Public Safety.

Sixty Nine dollars and 00/100*****DOLLARS \$ 69.00

IN PAYMENT OF

Property Damage loss of August 13, 1972

H.O. CLAIM NO.	POLICY NO.	BRANCH OFFICE CLAIM NO.
	H 600 1407	

INSURED

Jerrold L. Butler

729 Riverside Ave.
Fort Wayne, Ind.

J E Spangler

FOR THE COMPANY

GAB, Inc

DO NOT FOLD-STAPLE OR SPINDLE

1011-0056



JIM KELLEY BUICK, Inc.
1819 So. Calhoun St. Phone 456-1211
FORT WAYNE, INDIANA

OFF. NO. 2
ESTIMATE
OF REPAIRS

NAME	Bd Public Safety	ADDRESS	10	DATE	8-14-71
NAME OF CAR	Sedan	YEAR	71	LICENSE NO.	11110
INSURED BY		ADJUSTER		SERIAL NO.	
			TELEPHONES		
			HOME		
			BUS.		

SHEET NO.	DESCRIPTION OF REPAIRS AND REPLACEMENTS		PAINT HOURS	LABOR HOURS	PARTS AND MATERIAL LIST PRICE	SUBLET NET AND MISC.
1	Br R Fr Tender		1.8	5.2		
2			.	.		
3			.	.		
4			.	.		
5			.	.		
6			.	.		
7			.	.		
8			.	.		
9			.	.		
10			.	.		
11			.	.		
12			.	.		
13			.	.		
14			.	.		
15			.	.		
16			.	.		
17			.	.		
18			.	.		
19			.	.		
20			.	.		
21			.	.		
22			.	.		
23			.	.		
24			.	.		
25			.	.		

Tow \$ Storage per Fwd. to sheet #

1.8 5.2 6.00

The above is an estimate, based on our inspection, and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally, work has started, worn, broken or damaged parts are discovered which are not covered on first inspection. Quotations on parts and labor are current and subject to change. ★ Rust Work Not Guaranteed

Labor 7.0 Hrs. 9.00 \$ 63.00
Parts \$ 6.00

Sublet and Net Items \$

State Tax \$

TOTAL \$ 69.00

ORDINANCE CHECK-OFF SHEET

INFORMATION REGARDING ORDINANCE

CONTENTS OF ORDINANCE

	BILL NO. <i>R-72-10-04</i>
	ORDINANCE NO. <i>R-40-72</i>
X	REGULAR SESSION <i>10-10-72</i>
	SPECIAL SESSION
	APPROVED AS TO FORM AND LEGALITY <i>Keller</i>
	BILL WRITTEN BY
	DATE INTRODUCED <i>10-10-72</i>
	REFERRED TO SAID STANDING COMMITTEE <i>Hinga Finance</i>
	REFERRED TO CITY PLAN
	LEGAL PUBLIC HEARING
	LEGAL PUBLICATION
	JOINT HEARING
	DEPARTMENT HEARING
	HOLD FILE
X	PASS <i>10-10-72</i>
	DO NOT PASS
	WITHDRAWN
	SUSPENSION OF RULES
	PRIOR APPROVAL
	ORDINANCE TAKEN OUT OF OFFICE
	OTHER INSTRUCTIONS REGARDING ORDINANCE
	CORRECTIONS MADE TO ORDINANCE
	PEOPLE SPEAKING FOR ORDINANCE
	PEOPLE SPEAKING AGAINST ORDINANCE

	COMMITTEE SHEET
X	VOTE SHEET
	PURCHASE ORDERS
	BIDS ORDERS, BIDS OR OTHER PAPERS TAKEN OUT AND BY WHOM
	LETTER REQUESTING ORDINANCE DRAWN UP BY CITY ATTORNEY
	COMMUNICATIONS <i>Board of Safety from Trade Office</i>
	ZONING MAPS <i>Automobile accident + loss extra - Bills from ABSTRACTS Jim Kelly</i>
	TITLES
	PRIOR APPROVAL LETTER

COUNCILMAN'S VOTE

	AYES	NAYS	ABSENT
BURNS	X		
HINGA	X		
KRAUS	X		
MOSES	X		
NUCKOLS	X		
D. SCHMIDT	X		
V. SCHMIDT	X		
STIER	X		
TALARICO	X		

COMMENTS: